

**SENATE GENERAL WELFARE COMMITTEE AMENDMENT 1**

**Amendment No. 1 to SB2392**

**Ford J**  
**Signature of Sponsor**

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 2392**

**House Bill No. 2271\***

by deleting all language after the enacting clause and by substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 68, is amended by adding the following language as a new, appropriately designated chapter:

**§ 68-56-101.** The title of this chapter is, and may be cited as, the  
“Tennessee Emergency Health Powers Act.”

**§ 68-56-102.** The purpose of this chapter is to establish the framework by which the state of Tennessee will develop a comprehensive plan of preparation and response for public health emergencies that may arise from acts of bioterrorism.

**§ 68-56-103.** As used in this chapter, unless the context otherwise requires:

(a) “Bioterrorism” is the intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product, to cause death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population; and

(b) A “public health emergency” is an occurrence of imminent threat of an illness or health condition that:

(1) Is believed to be caused by any of the following:

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- (A) Bioterrorism;
  - (B) The appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;
  - (C) A natural disaster;
  - (D) A chemical attack or accidental release; or
  - (E) A nuclear attack or accident; and
- (2) Poses a high probability of any of the following harms:
- (A) A large number of deaths in the affected population;
  - (B) A large number of serious or long-term disabilities in the affected population; or
  - (C) Widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population.

**§ 68-56-104.** There is created the public health emergency advisory committee. The commissioner of health shall serve as an ex officio, voting member of the advisory committee and as chair of the committee. The deputy to the governor for homeland security shall serve as an ex officio, voting member of the committee and as vice chair of the committee. The governor shall appoint the following persons to also serve on the advisory committee:

- (1) One (1) representative of county government;

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- (2) One (1) representative of county sheriffs;
- (3) One (1) representative of county health departments;
- (4) One (1) representative of municipal government;
- (5) One (1) representative of municipal chiefs of police;
- (6) One (1) representative of municipal fire chiefs;
- (7) One (1) representative of volunteer fire departments;
- (8) One (1) representative of the Tennessee emergency management agency, (TEMA);
- (9) One (1) representative of nonprofit hospitals;
- (10) One (1) representative of for-profit hospitals;
- (11) One (1) representative of hospitals owned by federal, state or local government;
- (12) One (1) representative of the Red Cross;
- (13) One (1) representative of Tennessee physicians;
- (14) One (1) representative of the university of Tennessee school of medicine; and
- (15) One (1) representative of the East Tennessee state university school of medicine.

Additionally, the speaker of the senate shall appoint one (1) member of the general welfare, health and human resources committee to serve as a member of the advisory committee; and the speaker of the house of

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representatives shall appoint one (1) member of the health and human resources committee to serve as a member of the advisory committee.

**§ 68-56-105.** It shall be the duty of the public health emergency advisory committee to:

(1) Recommend to the governor a detailed time-line for development and implementation of a comprehensive, state-wide plan for emergency preparation and response relative to bioterrorism events, infectious disease outbreaks and other public health emergencies;

(2) Identify the general framework as well as the requirements and necessary components of such comprehensive, state-wide plan;

(3) Recommend to the governor a detailed schedule and mechanism for the accurate assessment and periodic review of emergency preparation and response capabilities in order to facilitate and enhance planning and to assist in the identification and implementation of policy priorities;

(4) Identify the general framework as well as the requirements and necessary components of such assessment and periodic review;

(5) Recommend statutory changes necessary to implement the recommendations of the committee; and

(6) Otherwise assist the governor and the general assembly in developing, implementing and evaluating the comprehensive, state-wide plan for emergency preparation and response.

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**§ 68-56-106.**

(a) Members of the public health emergency advisory committee shall receive no salary but shall be eligible to receive reimbursement for actual and necessary expenses incurred while performing the business of the advisory committee. Such reimbursement shall be paid in accordance with the comprehensive travel regulations promulgated by the commissioner of finance and administration and approved by the attorney general and reporter.

(b) Vacancies on the committee shall be filled by the governor.

(c) The committee shall cease to exist on June 30, 2005.

**§ 68-56-107.** There is created the hospital bio-preparedness planning committee as an advisory committee. The plans, recommendations and other work product of the committee are completely advisory in nature. The commissioner of health shall serve as an ex officio, voting member of the committee and as chair of the committee. The deputy to the governor for homeland security shall also serve as an ex officio, voting member of the committee and as vice chair of the committee. The governor shall appoint the following persons to also serve on the planning committee:

(1) One (1) representative of nonprofit hospitals;

(2) One (1) representative of for-profit hospitals;

(3) One (1) representative of hospitals owned by federal, state or local government;

(4) One (1) representative of municipal fire chiefs;

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(5) One (1) representative of the Tennessee emergency management agency, (TEMA);

(6) One (1) representative of Tennessee physicians;

(7) One (1) representative of the university of Tennessee school of medicine;

(8) One (1) representative of the East Tennessee state university school of medicine; and

(9) One (1) representative of county health departments.

Additionally, the speaker of the senate shall appoint one (1) member of the senate to serve as a member of the planning committee; and the speaker of the house of representatives shall appoint one (1) member of the house of representatives to serve as a member of the planning committee.

**§ 68-56-108.** It shall be the duty of the hospital bio-preparedness planning committee to:

(1) Recommend to the governor a detailed time-line for development and implementation of a system of comprehensive, regional hospital plans: each regional plan shall be capable of accommodating at least five hundred (500) patients in an emergency arising from a bioterrorism event, infectious disease outbreak or other public health emergency;

(2) Identify the general framework as well as the requirements and necessary components of such regional hospital plans;

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(3) Review and assess the various statutes, rules and ordinances that provide for credentialling, licensure and delegation of authority for executing emergency public health measures;

(4) Develop an emergency distribution and management plan: such plan shall identify specific personnel to be trained to receive and distribute critical stockpile items and to manage a mass distribution of vaccine or antibiotics in the event of a public health emergency;

(5) Develop a plan to continuously receive and evaluate urgent disease reports from across the state;

(6) Assess and improve epidemiological capacity within the state;

(7) Develop a plan to improve working relationships and communications among clinical laboratories, laboratory response network laboratories and public health officials;

(8) Develop a plan to ensure that the health alert network covers at least ninety percent (90%) of the state's population;

(9) Develop a plan for communications systems that provide a continuous flow of critical health information among hospital emergency departments, public health officials and law enforcement agencies;

(10) Develop a plan to enhance risk communication and information dissemination in order to educate the public regarding exposure risks and effective public responses;

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(11) Assess training needs with special emphasis on emergency department personnel, infectious disease specialists, public health staff and other health care providers; and

(12) Recommend statutory changes necessary to implement the recommendations of the committee.

**§ 68-56-109.**

(a) Members of the hospital bio-preparedness planning committee shall receive no salary but shall be eligible to receive reimbursement for actual and necessary expenses incurred while performing the business of the planning committee. Such reimbursement shall be paid in accordance with the comprehensive travel regulations promulgated by the commissioner of finance and administration and approved by the attorney general and reporter.

(b) Vacancies on the committee shall be filled by the governor.

(c) The committee shall cease to exist on June 30, 2005.

SECTION 2. To the maximum extent possible, this act shall be implemented through utilization of federal financial resources made available to the state via CDC bioterrorism funding and via HRSA hospital first allocations.

SECTION 3. This act shall take effect July 1, 2002, the public welfare requiring it, and is repealed June 30, 2005.